Hidden Fear...

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Dedication

For my wife, Maggie, who died in June 2016, and who contributed much to a draft of a booklet we intended to publish. We decided instead to split it into a series of booklets, of which this is the first, as an e-publication. I miss her inspiration and guidance.

I would also like to thank my daughter Cath, therapists and friends, for their help, support and encouragement in coping with the challenges occasioned by some of my psychological hidden disabilities.

About the author

I am an inventor of board and card games and a writer of non-fiction books, some on my own, and some in collaboration with others. I started my working life in an architect's office as an articled pupil and thought that this was going to be my career. It didn't turn out that way, and eventually I decided to make my hobby of inventing games into a lifetime occupation. I still retain an interest in buildings, their design and construction, and in town planning.

My wife was a social worker and a university lecturer and wrote booklets and training manuals.

I have first-hand experience of hidden fears and their disconcerting effects, and have had various kinds of therapy. As my wife and I used to say, 'Take the issues seriously, but don't take yourself too seriously!'

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I am very grateful for all the help and support I have had from many friends during the writing of this e-publication.

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Part 1. Introduction

The origins of this e-publication lie in an article I wrote in 1996 which I entitled '*Hidden disability, architecture and town planning'*, and which appeared in The Architects' Journal dated 27 March 1997. It is now 20 years since it was published but sadly little has changed. My title was changed to *'Designing for phobics'*. I eventually realised that there was much more to it than just phobias. That's why the title of this e-publication is 'Hidden Fear'.

The three kinds of hidden fear most likely to cause a problem in buildings for sufferers are claustrophobia, acrophobia and general anxiety disorder (GAD).

I'm concentrating on those which have their origin in the mind, such as phobias and general anxieties, and I have called them Psychological Hidden Disability. I have coined the acronym PHD which I will use throughout. If you have a PhD you are thought of as brainy, but if you have a PHD, you can be thought of as silly, immature or a coward. No wonder people try to hide it.

The approximate number of people who suffer from one or more of these is as follows:

Claustrophobia is very common. In essence it's an irrational fear of confined spaces, and of being trapped in them, and of being restricted by tight clothes which are not easy to take off. Some people cannot even wear a ring. According to the NHS (2012), it affects around 10% of the UK population to some degree. That would give a figure of about 6,000,000 sufferers. About 30% of people who have to have an MRI sound the alarm.

Acrophobia is widespread and is a fear of heights and edges, but figures concerning its prevalence are hard to come by. I couldn't find any statistics for the UK. This American site: 'http://www.statisticbrain.com/fear-phobia-statistics/' estimates that 10% of the USA population suffer with this PHD, which would mean just over 30,000,000 people. Compared with their figure of 2.5% for claustrophobia, this is surprising.

GAD is also prevalent. The estimated proportion of people who suffer with some form of it in England was 4.4%[1], a figure that has varied little across the three survey years 1993, 1997 and 2007.

The population of England in 2009 was roughly 51 million, so the number who had GAD would have been just over 2,240,000.

Agoraphobia, separation anxiety and disassociation can add to the suffering caused by those hidden fears mentioned above. Definitions of these can be easily researched on the web.

Phobias and other hidden fears often bring with them a sense of shame, embarrassment and guilt and are therefore often never mentioned to family and friends, so statistics on the web may not reflect the reality.

How claustrophobia and acrophobia have caused problems for me in buildings is epitomised by the following encounter with a particular building in the early 90s.

Arriving at Nottingham Crown Court for jury service, I was directed to the second floor and was offered a choice of lift or stairs. I trembled. I was frightened of going in a lift because I have claustrophobia. The two flights of stairs I would have to negotiate made my heart sink further. The steps were away from any wall and so had drops on either side, and the flight from the first to second floor had a dogleg in it. The drop from the top was about 15m. I don't like edges.

On the first morning I nervously took the lift with another juror. Later, I braced myself to use the stairs, and eventually managed to cope reasonably well, but that was not all. On most days I had to pass an open door and open windows which led on to a

balcony directly over a canal. Once again I had to pass close to the edge. A person with acrophobia feels drawn to edges like this. It is a horrible sensation. Also, there was such a maze of corridors to pass through on the way to the courts, that once again it was claustrophobic.

It wasn't the best preparation for having my mind focussed on the important task in hand.

It's not only adults who suffer. Children are also affected in the kind of situations described above. They can be traumatic and have a profound effect on later life.

I've used the word 'disability' so far, and this, together with 'disabled' needs explanation, because it can affect how we view any efforts to help people with problems.

What many people understand by 'disability' is that it is something wrong with someone. So, 'disabilities' may include blindness, deafness, mental illness, and the various conditions that make it difficult or impossible to walk or to speak. People are disadvantaged not just by their impairments, but as a result of the limitations imposed on them by attitudinal, social, cultural, economic, and environmental barriers to their participation in society.

Discrimination against the disabled can be blatant, but people may sometimes be unaware of their prejudices

Although from the time of the Education Act 1944 until the Equality Act 2010, there were 14 Acts covering physical disability and mental illness, there have been no Acts dealing with services for those with PHDs.

There is still a debate about whether the term should be 'people with disabilities' or 'disabled people'.

The following quote sums up my approach:

Good design is inclusive: it results in places where everyone can participate equally, confidently and independently in everyday activities.[2]

What are my aims?

In the light of what I have explained above, I want to offer to architects, town planners and designers of buildings and other structures some suggestions as to how certain aspects of design could be improved. I want to try to raise awareness which I hope will lead to action.

The focus is on people with PHD who are obliged to be in buildings or coping with structures where they can't opt out of distressing situations.

The following quotes indicate the need for more creative design.

a) **Going into hospital:**

'Will I be in a ward high up in the building?'

'Will I have to be transferred to other parts of the hospital in a lift?'

b) Having an MRI scan:

'I hope I never have to have one because I can't stand being shut in a tube.'

c) Needing to use a public toilet:

'I never go in those automatic ones. I'd panic if the door jammed, and I can't face locking the door in some other public toilets.'

'I always avoid toilets that have a catch hidden in the door. I'm scared that it will jam and I'll be trapped.'

d) Appointments in high rise buildings:

'I'm always afraid of these. If I know the appointment is on an upper floor, I worry because I'm terrified of being in a lift, and climbing some staircases can be a nightmare. If I don't know the building beforehand, I still worry in anticipation of what I might have to face!'

'When I went to my daughter's graduation ceremony, I was horrified to find that it was on the fourth floor. It was an hour before the panic subsided.'

e) Bridges:

'I got halfway across the bridge and felt terrified. I had to go on my hands and knees to reach the other side. Oh dear, other people were staring at me. I felt awful. If only the railings had been higher I could have managed it.'

f) Staircases:

'I hate those staircases in public buildings which have a large open well in the middle. It's annoying because I would like to see what's on other floors, and I can't use a lift because of my claustrophobia.'

g) Journeys in cars and other vehicles:

'Soon after it became compulsory in the UK to wear a seat belt in a car, I went on holiday with a friend. She was very worried before we went and told me of her fear that the belt mechanism would jam and she wouldn't be able to get free. She did manage to cope, but she said that she would be worried about the journey back'.

'I was very worried when central locking came in on cars. What would I do if it jammed when I was in the car? Like a fool, I researched on the Internet to

see if this had happened to anybody, and found a few scary stories. I wish I hadn't looked!'

h) Flying

'I plucked up my courage to fly for the first time with a friend who was used to flying. I spent the whole holiday terrified that I would never get back home.'

Those responsible for the location and design of buildings open to the public have done much in recent years to help people with physical difficulties. Wheelchair ramps onto pavements and into buildings, and hearing loops in public buildings are very welcome. I hope more can be done. Because PHDs are by their very nature 'out of sight, out of mind' for those who don't suffer from them, although they attract some attention from some architects, planners and designers, much more could be achieved.

Part 2. Suggestions

I am aware that many architects, planners and designers are under a lot of pressure in their work because of the requirements of official bodies and those of their clients. I realise that architects especially have to abide by the Building Regulations 2010, and when I glanced at a part which was relevant to a couple of my suggestions for design improvements, I realised how complex they are. In discussing them with a couple of friends who are architects, I learned how much effort and research has gone into devising, revising, and fine-tuning them over many years. It was explained to me that this ongoing process is not, for example, just a case of raising the prescribed height of railings and barriers to make people with acrophobia feel safer near edges. Many factors are involved, including, the range of heights of human beings, and injuries caused if people are crushed against railings and barriers.

I also know that cost considerations, especially in times of financial restraint, can limit the amount of money available for improvements. However, some of these improvements may not be very expensive to implement.

A. Railings in general

When people who are acrophobic see what appears to be an edge in the distance, they may be afraid to approach it, not knowing if there is a steep drop on the other side. If there is a railing protecting the edge, it may not look high or strong enough for them to feel safe enough to approach it.

People who suffer from acrophobia feel drawn towards an edge and may be afraid they would panic and jump off.

In talking with many acrophobic relatives, friends and acquaintances over the years, I have found that in addition to our wish for railings to appear high enough for us to feel safe near an edge, it also helps to have no horizontal rails, apart from those top and bottom, so that they don't look easy to climb.

B. Railings in particular circumstances

(i) Bridges

On many of the footbridges over motorways and other roads, the railings can appear too low for people with acrophobia, and there is a large variety of different designs. In 1999, an MP in an Adjournment Debate in the House of Commons raised the issue of inadequate railings on some of these bridges in his area.[3] Apparently he had

received many letters from constituents expressing fears about safety for pedestrians because some of the railings locally were too low. On one bridge near where he lived, the railings were only about a metre high whereas on another in the same area, they were approximately 1.5 metres.

(ii) Walkways above ground floor level

There are a couple of design features in certain walkways which can cause anxiety to acrophobics. One is that some walkways between buildings may have a gap between each plank, which means that it is possible to see the ground below. The other is that the planks may be in metal with holes in them which can be frightening.

(iii) Boats, including ferries

It would be impossible to have high railings round the deck of every kind of boat. Ferries on rivers and the Channel could be fitted with railings high enough to give those with acrophobia enough confidence to enjoy their trips.

(iv) Fire escapes

These need to be constructed in a way which helps a person with acrophobia to feel as free from panic as possible. Some people with this kind of intense fear may look at the emergency escape instructions and go to find the nearest fire escape. If the railings on

the stairs on the other side of the fire door are too low, this is not reassuring to people with acrophobia.

(v) Multi-storey car parks

The low walls and railings at the edges of the upper floors of these car parks can certainly cause problems for those with a fear of heights.

(vi) Staircases

Some large public buildings, have free-standing staircases or have a wall on one side. If the railings of such staircases were of a height which looked safe to people with acrophobia, they could enjoy the panoramic view from on high.

C. Miscellaneous items

(i) Ladders

Some people may argue that having a fear of being on a ladder is normal and not irrational.

It depends, of course, to what height people have climbed and at what height they start to feel afraid. It is very necessary to address safety concerns when using a ladder. Even if every precaution is taken, a person may still be terrified of being up a ladder beyond a certain height.

(ii) Windows

People who are acrophobic may feel drawn towards open windows, and would be reassured if those on the first floor and above had a fixed light at the bottom, and an opening light only at the top.

Windows with a panoramic view which start from floor level are very attractive to most people, and architects like to include them in suitable buildings. However, they can make some people with acrophobia feel quite uneasy. For them, it's as though the glass isn't there - it's a large, beckoning, yawning gap.

(iii) Toilet doors

A toilet where the locking mechanism is integral in the door may be terrifying in case the mechanism were to jam so that the door wouldn't open.

Planners could use simple catches which means that the fastening mechanism is visible and can't jam. Most of the WC blocks in motorway service stations have this type of door fastening, which doesn't cause a problem.

In some European countries, free-standing automatic toilets are common in large cities and towns, and there are now a few in the UK. Many people with claustrophobia avoid them because they are afraid that the automatic locking system could fail in the locked position, and they would be trapped.

Planners could make sure that all public toilets are user-friendly for people who are claustrophobic.

(iv) Changing rooms in shops

Most of them are user-friendly for people with claustrophobia, and many just have curtains. On those which have doors, simple surface mounted catches would be reassuring to people who are terrified of being trapped inside.

(v) MRI scanners:

All new machines could be designed so that they are the 'open' type where a patient sits or stands and does not feel trapped.

Imaging technologists assist patients with claustrophobia every day, as about 30 per cent of their patients experience some level of distress while having an MRI examination, and sound the alarm. (Adapted from Proscan, undated, online.[4])

(vi) Cars with central locking:

Concerns were raised about the plight of a Queensland woman who faced the terrifying situation of being locked in and trapped inside her own car.[5] There are a lot of similar stories on the web.

(vii) Lifts:

A lot of people who are claustrophobic won't use a lift because they are terrified of being trapped in it if it breaks down. They are not reassured by the fact that millions of people use lifts every day without a problem, or that there is almost always an emergency phone. This seems to be one structure where it is impossible to think of design improvements.

So, it's important that staircases associated with lifts are designed in a way which makes them user-friendly for people with claustrophobia. I have used a staircase in a relatively new tall building which looked so grim as to be off-putting. It was hardly wide enough to allow a person going one way to pass, in comfort, a person going in the opposite direction. Lighting was inadequate and the walls were grey.

(viii) Underground car parks:

People with claustrophobia can find it frightening to be underground. It would help them if the staircase exits were easy to find, with signs at regular intervals, together with a sensible and simple-to-understand numbering or lettering of the floors and parking spaces.

(ix) Corridors:

A person with claustrophobia can feel trapped in a maze of corridors in large buildings where there are no signs What is interesting is that even some new and modern buildings could have a more helpful layout.

(x) Crowds:

Many people avoid crowds for various reasons. They can feel trapped, and/or afraid of being trampled on if there were to be a stampede. A lot of thought and effort has gone into crowd-control procedures and the design of barriers, and in spite of that there have been tragedies from time to time. It's worth bearing in mind that infants, children, and adults who are not tall, can feel especially vulnerable. One aspect which is crucial concerning authorised events where the public are admitted, such as for sport, is to have adequate signing concerning exits.

(xi) Tunnels

Good lighting in a tunnel should be standard, and drivers should not have to rely solely on using car headlights. A sign at the beginning of the tunnel indicating how long it is, and signs at regular intervals showing the distance to the end, can help people with claustrophobia.

(xii) Tube trains

People travelling on the underground may have a fear of being trapped if there were to be a crash, a power cut, a fire, or a terrorist bomb. and may panic if feeling hemmed in on a crowded train.

There is no way to ensure that tube trains are not crowded, and in London, for example, there would be massive protests about any attempt to regulate passenger numbers.

The only way to improve the situation is for money to be made available to increase the number of trains running at peak times. The stress caused to people who may arrive late at work, in a bad mood, or who get home late at night feeling frustrated and very tired, will affect the quality of their work and indeed their lives. It is therefore in society's interest to address this problem.

(xiii) Motorways

Some people may be afraid of being in a vehicle on a motorway as they can feel shut in and unable to get off the road easily. Exits are often few and far between. There should be more parking areas near to 'Tiredness Kills' signs so that motorists don't have to stop on the hard shoulder, or drive a long way to a service station.

Endnote

I hope some of my suggestions may be taken up, thus helping many people with PHD to enter more fully into life. However, any progress depends on the rate at which awareness can be raised among the general public and those who design the environment in which we live and work.

I'd like to end by repeating the quote from Swindon Borough Council which I mentioned at the beginning.

Good design is inclusive: it results in places where everyone can participate equally, confidently and independently in everyday activities.

References

Please note that web references which were current at the time of writing may have been deleted by the time this book is published.

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